

06-04-22

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JUN 07 2002

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Cole et al.
Serial No. : 09/508,710 Examiner: David
Filed : July 10, 2000 Group Art Unit: 1638
For : NEW PLANT GENE

REQUEST FOR RECONSIDERATION TRANSMITTAL LETTER

May 31, 2002

BY EXPRESS MA

BOX PATENT AP.

Assistant Commissioner
Washington, DC 20537

Sir:

Transmitted herewith is a REQUEST FOR RECONSIDERATION WITH TECHNICAL AMENDMENTS, which is responsive to the Office Action dated December 4, 2001, and a Rule 1.131 DECLARATION to be made of record in the above-identified patent application.

Small Entity Status:

Small entity status of this application under 37 CFR 1.9 and 1.27

[] has been established previously. Such status is still proper and desired.

[] is claimed.

Extension of Time Request:

[X] An extension of time to respond to the PTO communication is hereby requested. The required fee for extension, indicated below, is enclosed herewith.

Extension for response (check only one):

	OTHER THAN	
	<u>SMALL ENTITY</u>	<u>SMALL ENTITY</u>
within first month under 1.17(a)(1)	[] \$55.	[] \$110.
within second month under 1.17(a)(2)	[] \$200.	[] \$400.
within third month under 1.17(a)(3)	[] \$460.	[X] \$920.
within fourth month under 1.17(a)(4)	[] \$720.	[] \$1,440.

[] An extension for ___ months has already been secured and the fee paid therefore of \$ ___ is deducted from the total fee due for the total months of extension now requested. The extension fee due with this request is \$ ___.

[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Fee Calculation:

[X] The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra Claims	Small Entity Rate	Fee	OR	Other Than A Small Entity Rate	Fee
Total Claims* 46 minus** 44 = 0		4	x 9 =	\$0.00	,	18 =	\$72.0
Ind. Claims* 8 minus*** 4 =		4	x 0 =	\$0.00	,	80 =	\$320.0
() First Presentation of Multiple Dependent Claim			+ 135 =		+ 270 =		\$0.0
			Total Additional Fee	\$0.00			\$392.0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

Method of Fee Payment:

[X] A check of \$1312.00 is attached herewith (extension of time for three months and additional claims)

[] Please charge our Deposit Account no. 02-4377 in the amount of \$ _____. Two copies of this sheet are enclosed.

[X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

[] The Commissioner is conditionally authorized to charge payment of any fees associated with this application or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

Respectfully submitted,

BAKER BOTTS, L.L.P.



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Enclosures